14000000353

Office Use Only



000306754250

01/29/18--01014--036 **25.00



S. WARREN
JAN 3 0 2018

COVER LETTER

Division of Corporations
SUBJECT: Endless Possibilities Event Design Ll (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Heidi Stouder (Contact Person)
Endless Possibilities Event Dosign LLC (Firm/Company)
4301 Scagale UN V.
St. Augusting Fl. 32084 (City/State and Zip Code)
For further information concerning this matter, please call:
Heidi Stoudy an 904 325-4426
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:
Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605,0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Endless Possibilities Event Dosign / LC
2. The Florida document/registration number assigned to this limited liability company is:
<u>L14000010353</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $1-12-18$
4. I, Helli Stephenson Resigning), hereby withdraw/resign as a
Partner (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
K000'0 Moron -
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Cong. \$30.00 (Ontional)